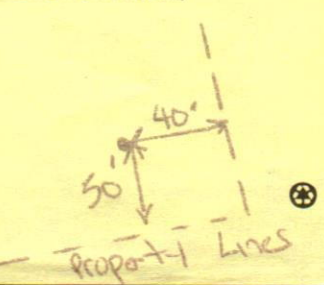


DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

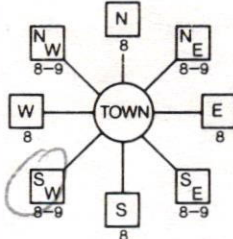
C 1 3869		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.																			
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER 59935																			
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 01 21 2004		Depth of Well 22 200 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 7/26/04 OK (SE) HO - 94 - 3840 28 29 30 31 32 33 34 35 36 37																			
OWNER BUICE		last name		first name ROBERT																					
STREET OR RFD RIVERCREST COURT				TOWN GLENWOOD																					
SUBDIVISION RIVERCREST				SECTION		LOT 16																			
WELL LOG Not required for driven wells				GROUTING RECORD																					
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N																					
				TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC																					
				NO. OF BAGS 45 46 NO. OF POUNDS 45 46																					
				GALLONS OF WATER 36																					
				DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface) 0 23																					
<table border="1" style="width:100%;"><thead><tr><th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th><th colspan="2">FEET</th><th rowspan="2">check if water bearing</th></tr><tr><th>FROM</th><th>TO</th></tr></thead><tbody><tr><td>overburden</td><td>0</td><td>15</td><td></td></tr><tr><td>GRAY ROCK</td><td>15</td><td>200 X</td><td></td></tr><tr><td>water at</td><td>60'</td><td>123' - 136'</td><td></td></tr></tbody></table>				DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	overburden	0	15		GRAY ROCK	15	200 X		water at	60'	123' - 136'		CASING RECORD			
					DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing																	
				FROM		TO																			
				overburden	0	15																			
				GRAY ROCK	15	200 X																			
water at	60'	123' - 136'																							
				casing types insert appropriate code below																					
				<input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE																					
				<input checked="" type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER																					
				MAIN CASING TYPE																					
				Nominal diameter top (main) casing (nearest inch) 60 61 63 64 66 70																					
				Total depth of main casing (nearest foot) 23																					
				OTHER CASING (if used)																					
				diameter inch depth (feet) from to																					
				EACH CASING																					
				SCREEN RECORD																					
				screen type or open hole																					
				(insert appropriate code below)																					
				<input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE																					
				<input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER																					
NUMBER OF UNSUCCESSFUL WELLS: 0				C 2 DEPTH (nearest ft.)																					
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100																					
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL				SLOT SIZE 1 2 3																					
				DIAMETER OF SCREEN (NEAREST INCH)																					
				from to																					
				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68																					
				MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q																					
DRILLERS LIC. NO. 1 MW D 120				70 72 74 75 76																					
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Sandy B Cochran				TELESCOPE CASING LOG INDICATOR OTHER DATA																					
LIC. NO. 1 AW D 766																									
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Daniel Hale																									

LOCATION OF WELL ON LOT

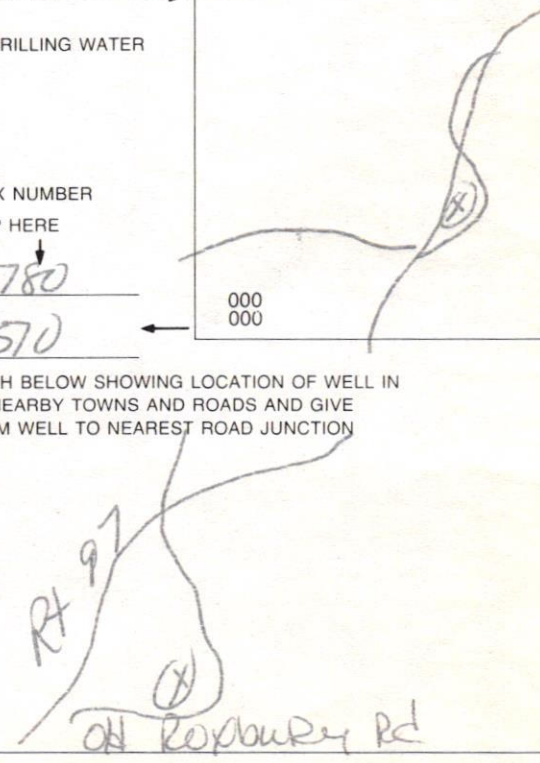
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 1 2 3 6 5661	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 519644	STATE PERMIT NUMBER HO - 94 - 3840 70 <u>fill in this form completely</u> 79
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OWNER INFORMATION Date Received (APA) <u>10/29/03</u> 8 MM DD YY 13 Buice Robert 15 Last Name Owner First Name 34 7979 Muncaster Mill Road 36 Street or RFD 55 Gaithersburg MD 20877 57 Town 70 State 72 Zip 76 DRILLER INFORMATION Sandy B. Cochran M W D 120 Driller's Name 76 License No. 81 G. Edgar Harr Sons' Corp. Firm Name 12047 Falls Road, Cockeysville 21030 Address [Signature] 10/22/03 Signature Date B 2 1 2 WELL INFORMATION APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>750</u> (GAL. PER DAY) 14 20	LOCATION OF WELL Howard 8 COUNTY 21 Buice Property / Rivercrest 23 SUBDIVISION 42 SECTION <u>44</u> LOT <u>46</u> 44 46 48 50 Glenwood 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>3</u> M I 73 76 77 78 B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  RIVERCREST COURT Old Roxbury Road 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 100 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>21</u> BLK: <u>20</u> PARCEL <u>84</u>
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USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME 59935 COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>11/5/03</u> Steven R. King <u>11/5/04</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>510</u> 000 EAST GRID <u>780</u> 000 50 55 57 63
--	---

APPROXIMATE DEPTH OF WELL <u>250</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST TOWN METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary Drive-POINT other _____	SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>780</u> N <u>510</u> 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 
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REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO - 94 - 3840</u> 70 71 72 73 74 75 76 77 78 79	SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
--	--

Well Permit No. HO - 94-3840
Location of property (road) RIVERCREST COURT
Subdivision RIVERCREST Lot 36 Block Plat Sec.
Well Driller G EDGAR HARR Owner ROBERT BINGG

Depth of well 200
Distance of measuring point (M.P.) above ground 1
Static water level (S.W.L.) below M.P. 16

Time pump started 0730 Pumping rate 16.64
Total time 15 Min to reach pumping water level 30 ft. below M.P.

[illegible]

Well Permit No. HO - 94-3840
Location of property (road) RIVERCREST COURT
Subdivision RIVERCREST Lot 86 Block Plat Sec.
Well Driller G EDGAR HARR Owner ROBERT BUICE

Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

Date Insp. Requested: 6/3/21 Date Insp. Approved: 6/3/21 Inspector: RR

Inspection Data:

Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

**FISHER, COLLINS
& CARTER, INC.****CIVIL ENGINEERING CONSULTANTS
and LAND SURVEYORS**

Terrell A. Fisher, P.E., L.S.
Earl D. Collins, P.E.
Ronald B. Carter, L.S.
Charles J. Crovo, Sr., P.E., L.S.

November 4, 2003

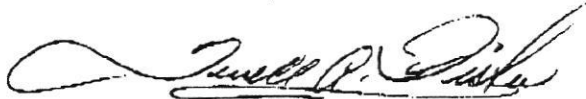
Mr. Steve Kreig
Howard County Health Department
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

RE: Rivercrest Subdivision
Well Stakeout

Dear Steve:

This is to advise you that the proposed well location for Lots 3 thru 12; 2 future lots in Bulk Parcel 'D' and Buildable Preservation Parcel A were staked by our firm on October 30th and November 2, 2003 and is ready for site inspection.

Very truly yours,
Fisher, Collins & Carter, Inc.

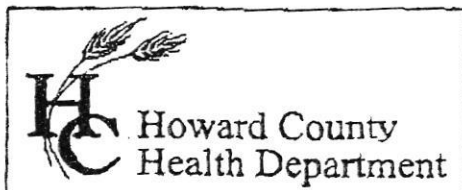


Terrell A. Fisher, P.E., L.S.

DO NOT DISCARD

WO #30636
c.c. Mr. Mike Isom
Mr. John Komsa

EXHIBIT TO ACCOMPANY
WELL PERMIT
LOT 8
RIVERCREST
TAX MAP 21 GRID 20 PARCEL 84
HOWARD COUNTY, MARYLAND
SCALE 1"=100'
DATE OCTOBER 22, 2003



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2640
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well,
please indicate one of the following: Rivercrest Subdivision, All lots

- ☒ The well site has been staked by Fisher, Collins + Carter
on 11-2-03 and is ready for site inspection.
- ☐ _____ will call the Health Department
for a time to meet in the field to verify a well location.
- ☐ Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application.
This should help improve communication allowing a more timely
service for our citizens.

KN

INTERIM CERTIFICATE OF POTABILITY**Expiration Date – MAY 16, 2022**

November 16, 2021

Homeowner
15445 Rivercrest Court
Brookeville, MD 20833**RE: Rivercrest, Lot 6
15445 Rivercrest Ct.
Building Permit: B21000745
Well Permit: HO-94-3840**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **9/14/2021**. Final approval of the well line connection to the dwelling was granted on **6/3/2021**. The well construction was completed on **1/21/2004**. Water samples were collected on **11/1/2021**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-94-3840. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #:	148469	Account #:	1920
Reference:	Lot 6	Client:	Robert L Feezer Co
Location:	15445 Rivercrest Court	Requested By:	Linda Jones
	Brookeville, MD 20833	Source:	Well Water
Date/ Time Collected:	11/1/2021 1030	Site:	Pressure Tank
Date/Time Rec'd:	11/1/2021 1315	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.8
Collected By:	J. Yeager 0819JY	Well #:	HO-94-3840

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/2/2021 / 0820 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/2/2021 / 0820 / CRS
Nitrate	0.52	mg/L	10	601	11/2/2021 / 1200 / CRS
Turbidity	0.44	NTU	<10	SM20 2130B	11/2/2021 / 0830 / MEH
Sand	ND	mg/L	5	Visual/Gravimetric	11/1/2021 / 1535 / TSD

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B21000745

Date Reported: 11/2/2021